

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A1kclu		06-08-01
O.I.P.E. CLASSIFIER		48	6/18/01
FORMALITY REVIEW	CH	1119	08-06-01
RESPONSE FORMALITY REVIEW	TA	1113	03-01-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	Final Original 8/20/01
2	<
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
(27)	✓
28	✓
(29)	✓
30	✓
31	✓
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(42)	▼
43	✓
44	✓
45	✓
(46)	✓
(47)	✓
(48)	✓
(49)	✓
50	✓

Claim	Date
51	✓
52	✓
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56	O
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
67	✓
(68)	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy

6/1-02  
3-1-02R0  
A06/02